

BUDGET SUMMARY FORM

BUDGET CATEGORY	FUNDING FOR THIS REQUEST:	AG USE ONLY:
PERSONNEL: (LIST EACH POSITION TO BE FUNDED)		
A. _____ N or E _____	_____	
B. _____ N or E _____	_____	
C. _____ N or E _____	_____	
D. _____ N or E _____	_____	
SUBTOTAL	_____	
FRINGE BENEFITS:		
A. FICA _____	_____	
B. Unemployment Insurance _____	_____	
C. Health Insurance _____	_____	
D. Other (Specify) _____	_____	
SUBTOTAL	_____	
TRAVEL:		
A. Local Transportation _____	_____	
B. Other (Specify) _____	_____	
SUBTOTAL	_____	
SUPPLIES AND COMMUNICATIONS:		
A. Supplies (Specify in budget narrative) _____	_____	
B. Telephone Expense _____	_____	
C. Postage _____	_____	
D. Printing _____	_____	
SUBTOTAL	_____	
FACILITY COSTS:		
A. Rent _____	_____	
B. Utilities _____	_____	
C. Other (Specify) _____	_____	
SUBTOTAL	_____	
EQUIPMENT:		
A. Equipment/Other Fixed Assets _____	_____	
B. Equipment Repair & Maintenance _____	_____	
C. Furniture _____	_____	
SUBTOTAL	_____	
CONTRACTUAL SERVICES:		
A. _____	_____	
B. _____	_____	
C. _____	_____	
SUBTOTAL	_____	
OTHER:		
A. Direct Assistance to Victims (Specify in budget narrative) _____	_____	
B. Training Costs (Specify in budget narrative) _____	_____	
C. _____	_____	
SUBTOTAL	_____	
TOTAL REQUEST:		

Signature of Authorized Agency Representative